


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000084279		
1. Entity Name MILA SARDELLI, INC.		

FILED
09 AUG 27 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1602 ALTON ROAD SUITE 20 MIAMI BEACH, FL 33139 US	Mailing Address 1602 ALTON ROAD SUITE 20 MIAMI BEACH, FL 33139 US
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2. Principal Place of Business - No P.O. Box # 114 NE 10th street	3. Mailing Address 114 NE 10th street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Llelray Beach, FL	City & State Llelray Beach, FL
Zip 33444	Zip 33444
Country USA	Country USA

REINSTATEMENT 08-09

6. Name and Address of Current Registered Agent KING, MARK 5353 NORTH FEDERAL HIGHWAY SUITE 207 FORT LAUDERDALE, FL 33308	
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7. Name and Address of New Registered Agent Name: maria emilia Sardelli Street Address (P.O. Box Number is Not Acceptable): 114 NE 10th street City: Llelray Beach FL Zip Code: 33444	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE: <i>M. Sardelli</i> DATE: 8/22/09	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SARDELLI, MARIA E 1602 ALTON ROAD STE 20 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARIA E. SARDELLI 114 NE 10th street Llelray Beach, FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800159983723 08/27/09--01003--009 **\$300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>M. Sardelli</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8/22/09 305-978-7021 Date Daytime Phone #